

KANSAS ALZHEIMER'S DISEASE PLAN: *EXECUTIVE SUMMARY**

January 14, 2019

Every 65 seconds someone in the United States develops Alzheimer's disease (when the terms "Alzheimer's" or "Alzheimer's disease" are used in this report, they should be understood as "Alzheimer's disease or other dementia" unless otherwise indicated).

Alzheimer's disease is the most common type of dementia and accounts for an estimated 60- 80 percent of cases. Alzheimer's is not a normal part of aging.

Dementia is an umbrella term for a decline in mental abilities severe enough to interfere with usual activities of daily life. The most important dementia risk factors are ones we cannot change: age, family history and heredity. However, evidence acquired through research suggests there may be other factors we can influence. The majority of individuals with Alzheimer's are age 65 years and older, but it is not just a disease of old age as approximately 200,000 Americans younger than 65 years have younger-onset Alzheimer's disease.



In fact, there are 53,000 Kansans age 65 years and older living with the disease. It is estimated that number will increase to 62,000 by the year 2025. Alzheimer's is the sixth leading cause of death in all Kansans age 60 years and older. There are also about 150,000 caregivers and family members in Kansas who provide care and support for someone with the disease.

Treating persons with this disease is expensive. Kansas' inconsistent approach to care and treatment contributes to tremendous costs on both the state and individual levels. In 2018, Kansas spent \$424 million Medicaid dollars on individuals with this disease. These costs are expected to increase 25.8 percent from 2018 to 2025.¹

In response to this looming health care crisis, in June 2018 Governor Jeff Colyer, M.D., by Executive Order 18-14, established the State of Kansas Alzheimer's Disease Working Group.

The working group met at least bi-monthly between the months of August and November of 2018 and was chaired by Ann Elifrits, Commissioner, Commission on Aging, Kansas Department for Aging and Disability Services (KDADS). Working group members were appointed by either the Governor or other elected officials.

Working group members divided into sub-committees that studied, researched and documented the following topics for the plan: Alzheimer's Disease Facts and Figures, Caregivers of Individuals with Alzheimer's Disease, Diagnosis and Treatment of Alzheimer's Disease, Financing Alzheimer's Care, Education and Training, Law Enforcement and First Responders, Public Awareness, Research, Legal Issues and The Service Continuum.

The working group believes the recommendations proposed in this report can be made within the existing systems of care and services in Kansas. In fact, they could potentially also improve care management for other persons with chronic health conditions.

The working group endorses creating a state Alzheimer's Disease Advisory Council in which individuals appointed would serve renewable two-year periods. The purpose of the council would be to monitor and report progress and to describe barriers to implementation of the state plan. The Advisory Council would provide reports to the Governor and Legislature on the continuum of services available, data trends, stakeholder feedback and policy recommendations. The Council would coordinate statewide efforts with regional and national Alzheimer's planning initiatives. It would also begin the work of defining the key players to address plan strategies. Reports would be provided to the Governor and Legislature on the continuum of services available, data trends and policy recommendations.

The recommendations offered in this plan are within reach but are only the first steps to addressing this public health crisis. Systematic change requires time so urgent action is needed now.

Key Recommendations of the Working Group:

1. The working group recommends the creation of a state Alzheimer's Disease Advisory Council to monitor and report progress/needs and to describe barriers to the implementation of state plan goals and objectives.
2. The working group recommends specific Alzheimer's disease training requirements, including four hours of in-person training and four hours of mentorship for all staff of long-term care providers which include skilled care, assisted living, residential care, adult day care and hospice.
3. The working group recommends the use of effective dementia screening tools to primary care physicians, nurse practitioners, social workers and nurses, which are sensitive to identifying early stage symptoms.
4. The working group recommends implementing a comprehensive statewide training program for all first responders and law enforcement agencies. The training program should include a basic disease overview, possible situations which may occur, how to identify a person with disease and how to respond appropriately to the person.
5. The working group recommends the expansion of innovative adult day programs for individuals with Alzheimer's or other dementia in all Kansas counties. These innovative programs could include for example night support, the arts, exercise groups and intergenerational groups.

**To view the plan in its entirety please view the Commission on Aging webpage on the Kansas Department for Aging and Disability Services' website at*
<https://www.kdads.ks.gov/commissions/commission-on-aging/alzheimers-disease-plan-working-group>.

